**ICMS Laboratory Purchase Request Form (for Lab user)**

|  |
| --- |
| **Filled in by requester** |
| **Requester information** |
| Name ： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_姓名： \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ | Student No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Purchasing items (by requester)** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **產品名稱 (規格，生產商，產品編號)Product name (Specification, brand name, Catalog no.)** | **包裝規格****Packing Size** | **數量Qty** | **Safety assessment****(Yes/No)** | **估算價格****Estimated price** | **HSEO 審核****HSEO endorsement** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
|  | Total: |  |  | MOP |  |  |

 |
| **Justification :**  |
| **Checked by Supervisor /PI:** |
| **Fund Source:** | **FDCT**: \_\_\_\_\_\_\_\_\_\_( ) | **RC**: \_\_\_\_\_\_\_\_\_\_ ( ) | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature (supervisor / PI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Endorsed by Safety officer:** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Approved by Directorship** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director Deputy Director Acting Director |
| **HSEO comments** |
|  |
| **Follow Up by Lab technician** |
| Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received on: \_\_\_\_\_\_\_\_\_\_ Ref No.:\_\_\_\_\_\_\_\_\_\_  |
| **Remark** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |